Ministry of Health

Plan for 2017-18

saskatchewan.ca

Government of Saskatchewan

Table of Contents

Statement from the Ministers 1

Response to Government Direction 2

Operational Plan 3

Highlights 10

Financial Summary 11

Statement from the Ministers

The Honourable Jim Reiter

Minister of Health

The Honourable Greg Ottenbreit

Minister Responsible for Rural and Remote Health

We are pleased to present the Ministry of Health's 2017-18 Plan.

Government Direction and Budget for 2017-18 is focused on *Meeting the Challenge*, finding the right balance between addressing the deficit and ensuring that Saskatchewan people continue to have the programs, services and infrastructure that they need. Government will deliver sustainable, high quality public services in the most cost-effective way possible.

Work is underway to transition the 12 Regional Health Authorities (RHAs) to a single Provincial Health Authority in fall 2017. One Provincial Health Authority that is focused on better coordination of health services across the province will ensure patients receive high quality, timely health care, regardless of where they live in Saskatchewan. Planning will continue through 2017-18 regarding system-wide improvements that will be implemented after the new Provincial Health Authority is launched. Taking a truly provincial approach to plan and deliver services will improve collaboration, increase efficiencies and reduce duplication across the health system, and ensure we are putting resources where they are most needed.

The strategic goal for the health system in 2017-18 is to reduce emergency department waits by 35 per cent. This will be accomplished by making improvements in the areas of primary health care, access to specialists and diagnostics, mental health and addictions supports, long-term care, home care, and acute care.

A priority will be engaging staff and physicians across the health system to re-imagine healthcare and design a patient friendly system that is safe and free of geographical barriers. Efforts will be focused on improving community services and progressing toward our goal of no patients or staff being harmed by 2020.

We will report on the progress made on this Plan in the Ministry's 2017-18 Annual Report.

Response to Government Direction

The Government of Saskatchewan is committed to *Meeting the Challenge* of the current fiscal situation. In so doing, Government will continue to support and encourage economic growth, and ensure government services are affordable and sustainable in the long-term. This will include pursuing transformational change so that Saskatchewan people have the programs, services and infrastructure they need now and in the future.

This focus will continue to advance Government toward the realization of Saskatchewan's Vision and goals.

Saskatchewan's Vision

"... to be the best place in Canada – to live, to work, to start a business, to get an education, to raise a family and to build a life."

Sustaining growth and opportunities for Saskatchewan people

Meeting the challenges of growth

Securing a better quality of life for all Saskatchewan people

Delivering responsive and responsible government

Saskatchewan's Vision and goals provide the framework for ministries, agencies and partners to align their programs and services and meet the needs of Saskatchewan's residents.

All ministries and agencies will report on progress in their 2017-18 annual reports.

Operational Plan

Mandate Statement

Through leadership and partnership, the Ministry of Health is dedicated to achieving a responsive, integrated and efficient health system that puts the patient first, and enables people to achieve their best possible health by promoting healthy choices and responsible self-care.

Mission Statement

The Saskatchewan health care system works together with you to achieve your best possible care, experience and health.

Putting Patients First
better health · better care · better value · better teams

Government Goals

Sustaining growth and opportunities for Saskatchewan people

Meeting the challenges of growth

Securing a better quality of life for all Saskatchewan people

Delivering responsive and responsible government

Ministry Goal

Design the most effective and efficient health care structure for Saskatchewan that supports improved patient care.

Strategy

Enable a provincial approach to health services that ensures patients receive high quality and timely care wherever they live in Saskatchewan and restructure the health system to promote safety, health and wellness for patients and employees, and create accessible, effective, streamlined and sustainable provincial health services.

Key Actions

Enable the new Provincial Health Authority to be operational in fall 2017, through the following key actions:

- Create legislation to govern the Provincial Health Authority.
- Establish a new Provincial Health Authority Board.
- Develop an organizational design and structure that will contribute to administrative efficiencies, streamlined corporate services and opportunities to reduce duplication.
- Identify the scope, timing and responsibility for each of the recommendations in the Saskatchewan Advisory Panel on Health System Structure Report.
- Identify, assess, mitigate and monitor risks of transitioning to the new Provincial Health Authority.

Performance Measure

By the fall of 2017, a Provincial Health Authority is enacted and operating.

Strategy

Physician Collaboration: Active physician leadership in the planning, management, governance and resource management of health services to achieve greater health system coordination.

Key Actions

- Research high-performing health systems' approaches regarding physician leadership, relationships, compensation and data use for clinical decision-making.
- Engage providers and health system leaders in the development and implementation of a demonstration site for a population or geographic area.
- Evaluate progress and make recommendations for future activity.

Performance Measure

In 2017-18, one demonstration site will be established with active physician leadership in the planning, management, governance and resource management of health services to a population or geographic area, based on successful approaches from high performing systems.

Government Goals

Sustaining growth and opportunities for Saskatchewan people

Meeting the challenges of growth

Securing a better quality of life for all Saskatchewan people

Delivering responsive and responsible government

Ministry Goal

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve health care safety.

Strategy

Emergency Department Waits and Patient Flow: Existing efforts to reduce Emergency Department waits across the health system will continue in 2017-18. Reducing Emergency Department waits and improving patient flow remains a key priority.

Key Actions

- Shift the delivery of care from institutions to the community and improve patient flow in the hospital by moving patients who can be managed in the community out of the hospital and emergency departments.
- Accountable Community-based Care: Establish Primary Health Care Networks in Regina and Saskatoon where services are designed to meet the unique needs of the community, resulting in improved health outcomes and better patient / family experience.
- Accountable Hospital Teams: Establish Accountable Hospital Teams in Regina and Saskatoon that involve all members of the team in a hospital unit, including patients and their families.
- High Quality Care Transitions: Prototype standardized approaches to discharge and transition planning that link hospital-based care and community care to ensure seamless patient care, reduce length of stay in hospital and decrease the likelihood of readmissions to hospital.

Performance Measures

By March 31, 2018, reduce Emergency Department waits by 35% over the 2013-14 baseline.

In 2017-18, reduce the number of unnecessary Emergency Department visits in Regina and Saskatoon hospitals by 5%.

In 2017-18, reduce unnecessary admissions for ambulatory care sensitive conditions presenting in Regina and Saskatoon hospitals by 5%.

In 2017-18, reduce the 7-day re-visit rate to Emergency Departments in Regina and Saskatoon hospitals by 5%.

In 2017-18, reduce the 30-day readmission rate to hospitals in Regina and Saskatoon by 5%.

Strategy

Referral to Specialists and Diagnostics: By March 2019, Saskatchewan will reduce the wait time for an appropriate first consult appointment within eight specialty groups.

Key Actions

- Implement the provincial referral model with two new specialty groups.
- Expand LINK (Leveraging Immediate Non-urgent Knowledge), a provincial telephone consultation service that supports telephone consults between primary care physicians and specialists for non-urgent patient health concerns.

Performance Measures

In 2017-2018, implement the Provincial Referral Model with two new specialty groups reducing patient wait times by 25% within 12 months of the start date using pre-implementation baselines.

In 2017-18, patient satisfaction with the referral process within two new specialty groups will increase by 25% within 12 months of the start date using pre-implementation baselines.

In 2017-18, expand the LINK Telephone Consult Service to include three additional specialties.

Strategy

Appropriateness: A culture of appropriateness throughout the health system will be demonstrated through support for provincial and local clinical quality improvement methodologies and projects.

Key Actions

- Implement the CT Lumbar Spine Checklist in four selected health regions (Regina Qu'Appelle, Saskatoon, Five Hills and Prairie North) and develop a plan for provincial implementation.
- Develop pre-operative testing guidelines that will be tested and evaluated in four selected health regions (Regina Qu'Appelle, Saskatoon, PA Parkland and Prairie North) and develop a plan for provincial implementation.

Performance Measures

In 2017-18, 80% of clinicians in at least three selected clinical areas will be utilizing agreed upon best practices.

In 2017-18, each RHA will complete implementation of at least two clinical quality improvement projects.

In 2017-18, each RHA will have at least one physician participating in clinical quality improvement training.

In 2017-18, there will be 80% compliance of the CT Lumbar Spine Checklist in the four selected health regions that implemented the checklist (Regina Qu'Appelle, Saskatoon, Five Hills and Prairie North).

In 2017-18, there will be 80% compliance of the agreed upon pre-operative evaluation guidelines in the four selected health regions that implemented the guidelines (Regina Qu'Appelle, Saskatoon, PA Parkland and Prairie North).

Strategy

Seniors: Seniors in Saskatchewan will have access to appropriate and coordinated community-based services to support individuals to remain at home, allowing them to progress into other care options as needs change.

Key Actions

- Fully integrate community-based initiatives for seniors, including Seniors House Calls, Home First, Connecting to Care, paramedicine community assist programs and community-based transition programs with primary care networks in Saskatoon and Regina.
- Monitor the use of antipsychotics and physical restraints as well as unmanaged pain, pressure ulcers, and falls in long-term care in order to meet new provincial targets and improve the quality of care. Continue with the implementation of program guideline training in long-term care facilities.
- Fully implement Purposeful Rounding in an additional third of facilities to meet the new provincial target.
- Survey long-term care residents and families to ensure that residents and families are satisfied with the quality of service and that their needs are being met.
- Expand integrated community-based service model for seniors to one additional location (e.g. Prince Albert).

Performance Measures

Number of seniors who do not spend the last 6 months of life in acute care, unless hospitalization is due to an acute illness / injury

From April 1, 2017 to March 31, 2020, there will be a 10% reduction in the number of days spent in hospital during the last 6 months of life among seniors as an indicator of improved access to community-based services.

Number of facilities meeting quality indicator benchmarks

In 2017-18, 100% of Saskatchewan long-term care facilities will meet the benchmark targets established for the seven quality indicators related to physical restraints, antipsychotics without a diagnosis, pain worsened, pressure ulcer newly occurring, pressure ulcer worsened, bladder continence worsening, and falls.

Implementation of performance rounding

In 2017-18, Purposeful Rounding will be implemented in 100% of long-term care facilities.

Strategy

Mental Health and Addictions: Residents of Saskatchewan will have access to appropriate and coordinated mental health and addictions services that promote recovery to the greatest extent possible, improve mental health well-being and ultimately enhance the overall health and vibrancy of our communities and our province.

Key Actions

- Lead the inter-ministerial efforts to implement the Mental Health and Addictions Action Plan as part of a broad approach to improving government's response to individuals with mental health and addictions issues.
- Implement a stepped care framework to ensure mental health and addictions services are based on assessed needs. This will be supported by the implementation of a standardized tool to assess needs, Level of Care Utilization System and provincial electronic client record.
- Increase access to effective mental health treatment for anxiety and depression through an innovative partnership with the University of Regina's Online Therapy Unit.
- Prevent opioid overdoses by increasing access to a Take Home Naloxone Kit for individuals at risk of overdose.

Performance Measures

Number of individuals who receive internet based cognitive behavioural therapy (I-CBT) as their treatment for anxiety and depression

In 2017-18, there will be a 25% increase the number of individuals who receive I-CBT.

Number of sites that offer a Take Home Naloxone kit to individuals at risk of opioid overdose

In 2017-18, Take Home Naloxone Kits will be available in all regional health authorities.

Strategy

Primary Health Care: People living with chronic conditions will experience better health as indicated by a 10% decrease in hospital utilization related to six common chronic conditions (Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Heart Failure, Depression, and Asthma).

Key Actions

- Support accountable community-based care planning with a focus on primary health care networks and high quality care transitions between the community and acute care system.
- Support Chronic Disease Management through:
  - Increased adoption and optimized use of Chronic Disease Management-Quality Improvement Program flow sheets to support lowered hospitalization rates;
  - Chronic Obstructive Pulmonary Disease pathway implementation in Regina Qu'Appelle Health Region; and,
  - HealthLine outbound Chronic Obstructive Pulmonary Disease call pilot in Kelsey Trail Health Region.
- Implement recommendations from Connecting to Care Pilot evaluation report.
- Continue to expand access to care through remote presence technology in the north.
- Support implementation of initiatives that enhance mental health promotion and food security.
- Develop a toolkit to enhance awareness of mental health self-management tools (e.g. Internet Based Cognitive Behavioural Therapy).

Performance Measures

Number of patients with common chronic diseases receiving best practice care

By March 2018, people living with chronic conditions will experience better health as indicated by a 10% decrease in hospital utilization (from baseline data captured between 2009-2012) related to six common chronic conditions (Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Heart Failure, Depression, and Asthma).

By March 31, 2020, 50% of patients living with one or more of four common chronic conditions (Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, and Heart Failure) are receiving best practice care as evidenced by completion of provincial templates available through approved electronic medical records and the Electronic Health Record viewer. The in-year target is 30% of patients receiving this care by March 31, 2018.

Government Goals

Sustaining growth and opportunities for Saskatchewan people

Meeting the challenges of growth

Securing a better quality of life for all Saskatchewan people

Delivering responsive and responsible government

Ministry Goal

Build safe, supportive and quality workplaces that support patient- and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce.

Strategy

Culture of Safety: To achieve a culture of safety, by March 31, 2020, there will be no harm to patients or staff.

Key Actions

- The Saskatchewan health care system will implement Safety Alert / Stop the Line in all acute care facilities. Safety Alert / Stop the Line is a process that invites patients and families, and expects staff and physicians to be safety inspectors, to identify potentially harmful situations as soon as possible and to 'stop the line' and fix them in the moment, before they can cause harm.
- The Saskatchewan health care system will implement medication reconciliation at admission to, and at discharge / transfer from, hospital. Medication reconciliation is a formal process in which health care providers work together with patients, families, and care providers to ensure that accurate, comprehensive medication information is communicated consistently across transitions of care.
- The Saskatchewan health care system will reduce the number of time-loss injuries, with a focus on the most commonly occurring type: shoulder and back injury.
- The Saskatchewan health care system will implement the Provincial Health Care Safety Management System. The Safety Management System is a six-element, focused process that supports a culture of safety through safe work practices. The system promotes health care providers and leaders working together with patients and families to ensure that safety is a shared responsibility with direct accountability to maintain that safety is a priority for all.

Performance Measures

Safety Alert System / Stop the Line

In 2017-18, Safety Alert / Stop the Line will be implemented in 100% acute care facilities in Saskatchewan.

Percentage of hospital admissions and discharges / transfers where medication reconciliation was performed

In 2017-18, > 95% of care transitions where clients are at risk of medication errors will have medication reconciliation performed.

Reducing time-loss injury

In 2017-18, the health care system in Saskatchewan will investigate 100% of time-loss injuries involving shoulder and back to root cause.

Safety Management System

In 2017-18, the health care system in Saskatchewan will fully implement the Safety Management System.

Highlights

A record $5.2 billion investment in health care in 2017-18 will help Saskatchewan meet the challenges it is facing. This represents an increase of $38.6 million, or 0.7 per cent, over 2016-17.

The Health budget invests in health care that supports Saskatchewan patients and families by focusing on important front-line services.

Key investments include:

- $3.4 billion for Regional Health Authorities (RHAs) – an increase of 1.2 per cent over 2016-17 – for operating funding and investments in programs and services, including:
  - $12 million to support overcapacity pressures and reduced Emergency Department wait times in Regina and Saskatoon;
  - $24.4 million for operating funding and service pressures; and
  - $4.4 million in operating funding for the Children's Hospital of Saskatchewan.
- $170.4 million for the Saskatchewan Cancer Agency to provide cancer care services to more patients, an increase of 2.0 per cent over 2016-17.
- $750,000 to begin a human papillomavirus (HPV) program for Grade 6 boys, expanding the existing program for girls.
- $250,000 in additional funding for the Canadian National Institute for the Blind (CNIB) for vision rehabilitation services and equipment.
- $83.7 million capital investment, a 17.2 per cent increase, which includes:
  - $34.7 million for capital maintenance;
  - $15.3 million for capital equipment replacements;
  - $15.5 million for the continued construction of the Children's Hospital of Saskatchewan;
  - $8 million for Children's Hospital of Saskatchewan information technology needs;
  - $3.5 million for electrical renewal projects at Regina hospitals; and
  - $6.7 million for the Leader Integrated Care Facility.

COVERAGE CHANGES

Some programs that are not insured services will be phased out by RHAs. Clients will access services through the private system. Coverage for low-income residents will be provided by government.

- Hearing Aid Plan
- Podiatry Services
- CPAP (continuous positive airway pressure) generators
- Low-cost orthotics

Currently, these services are delivered through a blend of the public and private system.

PROGRAM REDUCTION

- Chiropractic services will no longer be covered for low-income safety net recipients, anticipated to be effective starting July 1, 2017. Coverage was previously removed for other residents.

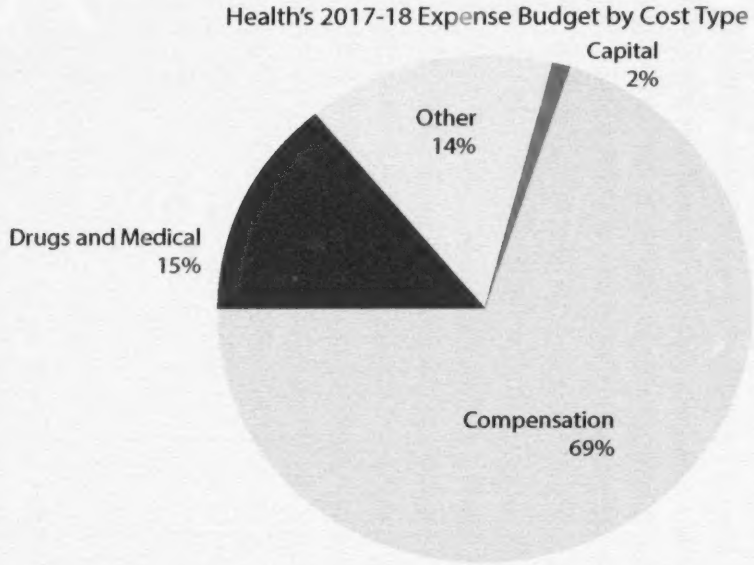
FEE CHANGE

Special-care home (long-term care) fees will increase starting July 1, 2017. However, about 50% of residents will continue to pay only the minimum monthly fee ($1,086). The current minimum fee and portion of income is $1,086 + 50% of income. This will change to $1,086 + 57.5% of income. The maximum monthly fee will be $2,689 (previously $2,065). Government currently subsidizes 84% of the overall cost of long-term care. With the fee change, government still pays 83% of the overall cost, a reduction of 1%.

Financial Summary

2017-18 Estimates	(in thousands of dollars)
Central Management and Services	10,061
Regional Health Services	3,706,473
Provincial Health Services	209,397
Medical Services and Medical Education Programs	894,966
Drug Plan and Extended Benefits	384,490
Ministry Appropriation	**5,205,387**
Capital Asset Acquisitions	(423)
Non-Appropriated Expense Adjustment	771
Ministry Expense	**5,205,735**
FTE Staff Complement	**496.9**

For more information, see the Budget Estimates at: http://www.saskatchewan.ca/budget



For More Information

Please visit the Ministry's website at http://www.saskatchewan.ca/government/government-structure/ministries/health